June 1997

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1 Clinical Center CS

Early retirement an option for some employees

Eligible Clinical Center employees have until Sept. 1 to take advantage of a voluntary early retirement program.

"The CC would like to use the Voluntary Early Retirement Authority to continue its restructuring plan for the Clinical Center, in particular the reduction of overall costs," said Dr. John I. Gallin, CC director, in announcing the authority, which was approved for NIH by the Department of Health and Human Services.

Although the Clinical Center is on track in FTE targets for the current fiscal year, the early-retirement option offers another management tool to meet long-term financial targets, explained Tom Reed, chief of the Office of Human Resources Management.

The early-retirement option is available to eligible employees who formally apply by no later than Sept. 1 and retire by Sept. 30.

To be eligible, applicants must be at least 50 years old with 20 years of service or any age with 25 years of service.

The program is open only to employees with at least five years of civilian service (continuous

See early outs, back page



Bob Butz, medical technologist with the Department of Transfusion Medicine's cell processing section, uses a sterile connecting device to link the tubing between two blood bags. The new cell processing facility was built with the help of a cooperative research and development agreement with Baxter Healthcare Corporation.

New DTM facility will manufacture components for cellular therapies

With the debut of its new cell processing facility, the Department of Transfusion Medicine (DTM) offers scaled-up manufacture of a broad range of components for cellular therapies such as gene therapy, hematopoietic (stem) cell transplantation, and immunotherapy.

The 3,000-square-foot facility was built with the help of a cooperative research and development agreement with Baxter

Healthcare Corporation. Goals are developing and improving procedures for collecting, modifying, growing, and preserving human cellular components.

The lab caps more than a decade of support DTM has given investigators who seek novel cellular therapies.

"We've been approached by just about every institute with ideas and

See new lab, page 7

from the director

by John I. Gallin CC director

Performance and responsiveness as an organization are crucial foundations for the Clinical Center.

But how do we gauge those factors? Surveys provide one option. HHS Secretary Shalala commissioned a department-wide survey earlier this year that provides some insight into what we do well as an organization and what we need to improve upon.

NIH received general high marks on the quality of work-life issues. Specifically, the Clinical Center's strengths included performance feedback, management practices, and feelings about our organization.

People who work here know our hospital is a special place and that our mission is an important one. That comes as no surprise to me. I see that pride and commitment every day. Our patients accept it as a fact of life.

As an organization, the survey revealed, we do a good job letting people know when they've done a good job and guiding workers who need assistance in performing at their peak. The survey also indicates that our co-workers and colleagues have confidence in the Clinical Center's management practices.

There are some issues we must address. The survey noted some degree of discontent within work groups that affects employee morale. This is a pivotal era of growth and change for the Clinical Center, and we have to offer our employees the tools and support they need to work productively and with personal satisfaction.

We also have to encourage discussion and development of new ways of accomplishing our work, another area for improvement revealed in the survey.

To improve our organization's performance in these areas, I need your ideas. I welcome departmental invitations for group discussions over brown-bag lunches. Send your ideas, questions, and comments to me directly by email

(jgallin@cc.nih.gov). I'm initiating in this issue of CCNews a fax-back option for those of you who'd like to use that medium to tell me what's on

You, the individuals who make up the Clinical Center's remarkable team, define the issues, articulate the concerns, and ultimately answer the questions of how to do things better. Please let me hear from you.

fax, the please

Fax your comments, questions, observations, and ideas about making the Clinical Center a better place to work to: 402-2984. We'll include the feedback and responses from the CC director in future issues. No names will be used.
optional info:
Name:
Fax/phone/email



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Board meeting set for July 10 The Clinical Center Board of

Governors will meet at 9 a.m. on July 10 in the Medical Board Room.

The group is expected to consider the CC budget for the next fiscal year and review priorities for the Clinical Center's strategic plan. At the board's last meeting, which was Feb. 10, members endorsed the Clinical Center's strategic plan and asked that the institutes be given an opportunity to comment on priorities for the plan's individual projects.

Piscitelli honored

Dr. Stephen Piscitelli, CC Pharmacy Department, has received the 1997 American College of Clinical Pharmacy-Amgen Biotechnology Research Award for his proposal, "Drug-Cytokine Interaction in HIV-Infected Patients." The award will be formally presented during ACCP's annual meeting later this year in Phoenix.

Apply now for research festival poster sessions

Registration has begun for the NIH Research Festival, which runs this year from Oct. 6-10. The annual event spotlights the intramural program. Dr. Allen Spiegel, NIDDK scientific director, chairs the 1997 organizing committee.

Researchers interested in presenting posters at the festival must submit applications by 5 p.m., Friday, June 13.

The week kicks off at the Natcher Conference Center on Monday, Oct. 6, with a major symposium organized by the Immunology Interest Group. A second symposium sponsored by the Structural Biology Interest Group follows on Oct. 7. More than 300 posters will be displayed during four poster sessions coordinated with more than 20 workshops developed by other inter-institute interest groups.

The Office of Education hosts a



Awarded

Rogene Shank, personnel assistant in the Office of Human Resources Management, has been named first recipient of the Outstanding Public Service Award given by the Montgomery County Chapter of the International Personnel Management Association. "She believes in the mission of the organization and goes beyond the call of duty to uphold the image of the office," her nomination read. "Anyone who comes to see her, no matter what the time or how busy she is, receives her undivided attention, and a clear, well-researched, prompt, responsive, and understandable answer." Tom Reed, director of human resouces, said "We're glad Rogene has been with us so long and given such valuable service to her clients. She is a model employee and one we are very proud of."

Job Fair for NIH postdoctoral researchers on Oct. 8. That afternoon the DeWitt Stetten Jr. Museum of Medical Research co-sponsors a special symposium celebrating 60 years of intramural NIH science, according to Dr. Spiegel. "In addition to Drs. Varmus, Gottesman, and other NIH officials, there will be distinguished present and former NIH intramural scientists, including Martin Rodbell, Eugene Braunwald, and Elizabeth Neufeld."

Researchers from all ICDs are invited to submit applications to present posters at the festival. Poster space is limited.

The easiest way to submit applications is through the festival Web site (http://pubnetmac.nih.gov/festival97/). Using a current browser supported by DCRT, applicants simply fill in the web form and forward their information. Authors are required to submit a brief abstract, but this year viewing access to the abstracts is restricted to NIH users via the DCRT PubNet site.

Applicants may also submit entries via fax or email using the festival application form distributed throughout intramural laboratories and offices. For more information, contact Gregory Roa, 496-1776 or gr25v@nih.gov.

Seminar set

The Office of Aids Research will sponsor a seminar, "The T Cell Receptor Repertoire in HIV and SIV Infection: Implications for CTL Persistence, DC4 Turnover, and Vaccine Development," on June 16.

Dr. Rafick-Pierre Sekaly of the University of Montreal's Laboratory of Immunology, will present the seminar at 1-2 p.m. in Lipsett Amphitheater. For more information, contact Dr. Fulvia Veronese at 496-3677.

Ceremonies honor **CC** volunteers

Ceremonies were held recently to honor the Clinical Center's volunteers.

Receiving pins for 1,000 hours of service were Elaine Brill, Harry Canter, Amparo Collazo, Mary Maze, Mary Partlow, and Louise Shiffrin.

Honored with pins for 2,000 hours service were Susan Canter, Catherine Freedberg, and Susan Schap. Pins for 3,000 hours of service were presented to Dorothy Feelemyer, Ganesh Kayastha, and Amanda Modlin.

Special recognition went to Floride Canter for 8,000 hours of volunteer service. Canter was also recently honored as Montgomery County's Red Cross volunteer who has contributed the most hours of service.



Among Nursing Department members honored at a recent awards day ceremony were (from left) Donna Jo Mayo, nursing research award; James Nichols, nurse of the year; and Kathleen Musallam, distinguished nurse of the year.

Ceremonies honor nursing award recipients

Nursing Department honored its members with an awards ceremony May 5.

James Nichols was named 1997 nurse of the year and Kathleen Musallam received this year's distinguished nurse award. The nursing research award went to Donna Jo Mayo.

Nichols was honored for outstanding contributions to clinical care, coordination of the multidisciplinary team, and for promoting patient and family participation in care decision-making.

Musallam's award recognized her contributions in gerontology and Alzheimer's disease, and "serving the elderly and mentally disabled in the community as an advocate and by monitoring their health and assisting them to make informed health-care decisions."

Mayo's award was for the design and implementation of two studies, "Accuracy of Coagulation Studies Obtained from Heparinized, Double Lumen Hickman Catheters" and "Evaluation of the Effect of Routine Heparinized Flush Solution in Groshong Catheters."

A director's award in administrative services went to Olga Asadi, Arlene Brooks, Ana Ferreira, Linda Fitzwater, Susan Harris, Kathleen Krisko, Loan Kusterbeck, Linda Linko, Patsy McCabe, Cindy Petruso, Norman Pickett, Eugene Reid, Rita Richey, and Marsha Short.

The group was honored for "accepting new challenges, embracing a risk, and working toward improved customer service in the administration of the Nursing Department."

The department's Collaborative Practice Model Team was also honored with a director's award. Team members are Diane Aker, Barbara Corey, Maureen Edgerly, Andrea Gillespie, Donna Marchigiani, Susan Sandelli, M. Claire Walsek, Patricia Whitcomb, Myra Woolery-Antill, Janice Yates, Kathleen Zimmerman, and Sheryl Zwerski.

They were recognized for the "development and piloting of a model of collaborative practice, which created a focus on better service

within the pediatric oncology population."

Recognized for clinical excellence were Rubi Defensor, Bethany Royal, Earlian Smith-Jackson, and Mary Tully.

Honored for excellence in leadership were Susan Johnson, Victoria Liberty, and Lori McIntyre.

Awards for excellence in administrative an clinical support was given to Alicia Garrison and Gloria Jean Rodriquez.

Receiving awards for excellence in teamwork were Donna Jo Mayo and Deborah Gutierrez; Lillie Fairchild, Kiya Green, Doris Lewis, and Nancy Stefan; the 3 East and 4 East nursing staff; 4 West nursing staff; and the Rainbow Team.

Honored for excellence in nursing patient education were Juanita Tejada and Janice Yates.

Service chiefs' awards went to Bertram Brown, Kim Cox, Jeanne Radcliffe, Susan Squires, Myra Woolery-Antill, and the 13 East outpatient cancer center staff.

Phlebotomy team puts littlest patients at ease

Richard Gourdine is a big guy. American Gladiator big. Heavyweight boxer big. But Gourdine has a soft touch, and it's his gentle technique that allows little ones to have their blood drawn with little fear.

Knowing that children come to them already frightened of needles, Gourdine and his phlebotomy coworkers, Clara White and Linda Arnett, put their imaginations and experience together and decided they could make it easier for children to get blood drawn.

After years of calming kids and sticking those tiny veins just right, they created a special child-friendly room where fears are replaced with smiles and trust.

Cartoon characters line the walls, clowns hang on swings from the ceiling, and colorful footprint stickers guide tiny patients into the room. "This is a way of distracting them," says White. "They see characters they're already familiar with and it calms them."

Spending weekends and evenings and some of their own money, the three phlebotomists turned a oncesterile and frightening procedure room into something inviting and gentle.

"The kids are not as afraid when the see all the Disney characters," Arnett explains. "Other patients waiting would hear the crying and then they would get upset. Now they hear laughing and giggling."

Patient phlebotomy is generally the first contact patients have when they come to NIH," says Gourdine. "And it's important to us that our patients don't start out with undue stress."

To first see Gourdine is to notice the size of his biceps, but when you speak with him about children and his work you notice his heart is his biggest muscle. As he puts it, "When a friend draws your blood, it makes things better.'

-by Laura Bradbard



A child-sized Mickey Mouse waves a welcome to a specially decorated room for the Clinical Center's littlest patients.





(Above) Clara White, Richard Gourdine, and Linda Arnett convince Azam Abdulkadir that all is well in room 7. (Left) Gourdine assures Abdulkadir-and dad-that they are in good hands.



Quilter Shirlee Mohiuddin of Chicago and fabric artist Nancy LeGendre of Massachusetts embraced during the unveiling of their ovarian cancer survivors' quilt at the CC last month. The two created the quilt using individual squares made by ovarian cancer patients and caregivers from around the country.



Cancer survivor Susan Butler found a community of support and hope on the internet—a discovery that ultimately led to the birth of the Ovarian Cancer Survivors' Quilt, which was unveiled here last month.

Quilters stitch a testament of hope and understanding

A double diagnosis of ovarian and breast cancer in 1995 and subsequent treatment at the Clinical Center led Susan Butler to search the internet for answers to the questions that kept her up at night.

The support group she found in cyberspace gave her a forum to ask questions, share information, and spread hope and understanding to thousands of other women going through the ovarian cancer nightmare.

Eventually, this meeting of the minds gave birth to the Ovarian Cancer Survivors' Quilt—brainchild of ovarian cancer survivor and quilter Shirlee Mohiuddin of Chicago. She, and fabric artist Nancy LeGendre of Massachusetts, created a 6-foot-by-6-foot quilt of individual squares made by ovarian cancer patients and caregivers from around the country.

When Butler suggested they present the quilt at an NIH ceremony she was asked by the many participants how she could get the attention of such a large institution.

She answered, "I'll get their attention, because I think they'll care."

Publicized on the ovarian cancer discussion list on the internet in the spring of 1996, the quilt was recently unveiled at the Clinical Center.

Among ceremony attendees were other ovarian cancer patients and families of patients; NCI physicians Dr. Eddie Reed and Dr. Elise Kohn; Dr. Charles Rabson, NCI deputy director; and Dr. Vivian Pinn, director of the Office of Research on Women's Health. Butler, Mohiuddin, and LeGendre met face to face for the first time at the presentation.

After hanging in the CC lobby for a month, the quilt will begin a journey to other health research and teaching centers to encourage ovarian cancer patients and to raise awareness about this often silent disease and the need for more research funding.

—by Laura Bradbard

.. new DTM lab to manufacture cell products

(Continued from page one)

plans for protocols for the next five to 10 years," said Dr. Elizabeth Read, cell processing section chief. "This facility was designed to meet the anticipated increased workload as well as the Food and Drug Administration's (FDA) regulatory requirements for a biologics production facility."

A biologic is a treatment derived from a living organism, for example, a vaccine. The manipulation of human cellular and tissue-based products is receiving increased scrutiny by the FDA.

In addition to manufacturing a variety of cell products (see box at right), the cell processing section is developing methods and devices to improve consistency and efficiency of processing, said Dr. Read. Automation, tracking, labeling, and equipment are all crucial to the process of manipulating billions of cells according to the specifications of many different protocols.

"We are striving to provide a consistent product to the patient, despite all the complexity, so that the investigator will get the anticipated results and everybody will trust the data," she said.

An ongoing pursuit that drives much of the research is to "close the system" of cell-product manufacture (see box below). A closed system would be one in which the cellular products go from patient to lab and back to patient without being exposed to environmental contaminants.

"It's possible we will always have some openness in our system," Dr. Read explained, "but our goal is to try to close things up because it significantly reduces the chances of microbial contamination."

Thanks to DTM research, much of the cell processing is now done in plastic blood bags linked by plastic tubing. The lab sports a new \$8,000 device that makes sterile welds between two pieces of tubing. "It's one of the stars of our show,"Dr. Read said.

Environmental features in the spacious lab include a dedicated airhandling system, culture rooms for cell incubation, and easy-to-clean, dust-repellent surfaces. On June 16 from 9:30 to 11 a.m., members of the

Attention clinical investigators:

The cell processing section produces a wide variety of cellular products for NIH clinical trials. A few examples:

For gene therapy:

•gene-transduced lymphocytes

•gene-transduced

hematopoietic stem cells For hematopoietic therapy:

•hematopoietic stem cells from bone marrow or blood

•T-cell depleted hematopoietic stem cells

For immunotherapy:

•peptide-pulsed antigen presenting cells

peptide-activated lymphocytes

media will tour the new lab. By the end of this month, however, access will be restricted to maintain the lab's pristine environment.

-by Sue Kendall



Angela Scalise, medical technologist with the cell processing section, performs cell separation using an automated closed system.

Cell processing made simple:

These basic steps are involved in most cell processing protocols. Thanks to years of DTM research, the process can largely be done with plastic tubing and blood bags to reduce microbial contamination.

Apheresis: Removing a blood component from the patient, usually white blood cells, while returning the remainder of the blood to the patient or donor.

Separation: Separating the cell type into subtypes by size, density, or other characteristic.

Culture: Growing the cells under controlled conditions in the lab.

Modification: Treating the cells in some way, e.g., introducing a corrective gene to give the cells a new function, or stimulating them with a growth factor.

Expansion: A type of culture that greatly increases the number of cells.

Reinfusion: Giving the processed cells back to the patient.

In all clinical protocols, the patient is closely monitored for signs of disease improvement and side effects of the therapy.

... early outs offered to some CC employees

(Continued from page one)

service in HHS since July 21, 1996) and who are not on a time-limited appointment.

Some specifics for prospective early retirees:

•Civil Service Retirement System (CSRS) employees receive annuities permanently reduced by 2 percent for each year they are under age 55. Federal Employees Retirement System (FERS) employees who had a period of employment under CSRS have the CSRS portion of the annuity computation reduced by 2 percent for each year under age 55.

•Social Security benefits for CSRS retirees may be reduced under the Windfall Elimination Provision or the Government Pension Offset. Local Social Security offices can provide more information on that.

•Unused sick leave can't be counted toward retirement eligibility. CSRS employees eligible to retire receive credit for unused sick leave in their annuity computation. Annuity computations for FERS employees don't include credit for unused sick leave. Retirees receive a lump sum payment for unused annual leave.

•Retirees who have had continuous coverage for the five years immediately preceding retirement or since their first opportunity to enroll may elect to continue current health and life insurance plans.

•Any federal service following

voluntary early retirement must be as a re-employed annuitant with salary reduced by the amount of the annuity.

•Retirees who have a Thrift Savings Plan account of more than \$3,500 and are entitled to an immediate CSRS or FERS annuity may transfer the account balance to an IRA or other eligible retirement plan; receive the balance in a lump sum or equal monthly installments; purchase a life annuity; or decide later what to do.

Personnel office staff are available to help fill out the application papers and to answer questions about the early-retirement application process. Call 496-6924.

june

Clinical Staff Conference
noon-1:30 p.m.
Lipsett Amphitheater
Multiple Endocrine Neoplasia
Type 1, Allen Spiegel, M.D., and
Monica Skarulis M.D., NIDDK;
John Doppmann, M.D., CC;
Francis Collins, M.D., NHGRI;
and Mike Emmert-Buck, M.D.,
NCI. Stephen Marx, M.D.,
NIDDK, moderator

Wednesday Afternoon Lecture 3 p.m. Masur Auditorium

Control of Intracellular
Membrane Traffic: Involvement
of G Proteins and GAIP, an RGS
Protein, Marilyn G. Farquhar,
Ph.D., University of California,
San Diego, La Jolla. This is the
NIH Director's Margaret Pittman
Lecture.

11 Grand Rounds
noon-1:30 p.m.
Lipsett Amphitheater
Modulation of Endogenous
Gene Expression: Application to
Severe Beta-Globin Disorders.

Severe Beta-Globin Disorders, Griffin P. Rodgers, NIDDK; Genetic Basis of Kidney Cancer: Clinical and Biological Implications, W. Marston Linehan, M.D., NCI.

These rounds are part of the *CenterNet* broadcasts to medical schools and hospitals across the country. *CenterNet* is also broadcast live on campus on Mongomery Cable Channels 40 and 41.

Wednesday Afternoon Lecture 1:15-4:30 p.m. Masur Auditorium

General Motors Cancer
Research Foundation Annual
Scientific Conference.
Laureates' lectures by winners
of the Sloan, Kettering, and
Mott Prizes for Cancer
Research. Introduction is by
Samuel A. Wells, Jr., M.D.,
president of the General Motors
Cancer Research Foundation.
This lecture is hosted by the
NIH Office of the Director

18 Grand Rounds noon-1 p.m. Lipsett Amphitheater

> Psychological and Biological Characterization in Individuals Who Initiate Domestic Violence, David T. George, M.D., NIAAA; Heartstrings: Visualizing Sympathetic Innervation and Function in Patients with Neurocardiologic Disorders, David S. Goldstein, M.D., Ph.D., NINDS

> Wednesday Afternoon Lecture 3 p.m.
>
> Masur Auditorium
>
> From Sex to Drugs, Peter N.
> Goodfellow, D. Phil., F.R.S.,
> SmithKline Beecham

Pharmaceuticals, Essex, England.

28 Grand Rounds noon-1 p.m. Lipsett Amphitheater

The Diagnosis of
Cytomegalovirus in Pulmonary
Disease and Pneumonia in
Immunocompromised Patients,
Frederick P. Ognibene, M.D.,
CC; Contribution of Nitric
Oxide to Human Coronary
Vasomotor Tone: Impact of
Atherosclerosis, Arshed
Quyyumi, M.D., NHLBI